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Metropolitan Health in a Globalizing World

Ted Schrecker, Françoise Barten and K.S. Mohindra

Introduction

Even before the first worldwide increase in oil prices as a result of the Middle Eastern oil embargo, economic life in Caracas *circa* 1971 was dominated by the petroleum industry, which had made Venezuela's the least poor economy in Latin America. Production was, however, dominated by trans-national corporations like Exxon, Gulf Oil and Royal Dutch Shell, and what wealth remained in the country was highly concentrated. The remarkable Uruguayan-born essayist Eduardo Galeano wrote that: '[T]he city is ruled by Mercedes-Benzes and Mustangs', but '[w]hile the latest models flash like lightning down Caracas's golden avenues, more than half a million people contemplate the wasteful extravagance of others from huts made of garbage', some of which were slated for bulldozing so they would not be visible from the windows of the Caracas Hilton (Galeano 1992, 111–17).

Venezuela's oil boom of the 1970s was followed in the 1980s by the collapse of oil revenues. Policies of economic liberalization and associated increases in labour market income inequality further widened the gap between rich and poor described by Galeano, with extreme poverty in Caracas rising from 12.7 per cent in 1987 to 20.5 per cent in 1998. An increase in violence that began *circa* 1990 accelerated abandonment of public spaces by those who had the option; as fear became a dominant element in the daily lives of residents, the wealthy and parts of the middle class isolated themselves in private cars and gated and segregated residential enclaves (Lacabana and Cariola 2003; Briceño-León 2007). In other words, like metropolitan areas¹ throughout the world transformed by the

¹ We normally prefer the terminology of metropolitan areas rather than cities, and of metropolitan health rather than urban health, since cities and their surrounding peri-urban or commuter settlements tend to function as integrated systems. For example, Wallace and Wallace (1993) showed that diffusion of HIV infection from central cities to suburbs in metropolitan areas such as New York City and Washington, DC was plausibly explained

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integration of national economies and societies into global-scale economic flows of trade, finance and (to a lesser extent) people, Caracas became a more deeply divided city – divided *inter alia* by income, housing tenure and quality, employment status and safety. Those transformations provide the raw material for this chapter.

What connects these phenomena with health? The Commission on Social Determinants of Health (2008) emphasized that disparities in health outcomes reflect conditions of life and work that make it relatively easy for some people to lead long lives in good health, and all but impossible for others. The unequal distribution of those social determinants of health, in turn, must be understood with reference to structural characteristics of the society in question, crucially including – in the words of a paper that inspired the Commission's conceptual framework – 'those central engines in society that generate and distribute power, wealth and risks' (Diderichsen, Evans and Whitehead 2001, 16). This insight has a long history in the study of health in cities, initially because of the miserable living and working conditions characteristic of cities during early stages of industrialization, as eloquently described in the English context by Friedrich Engels in 1845. At least according to one account of the public health response, specifically as it related to water and sanitation (Szreter 1997; see also Hein, Ngalamulume and Robinson 2010), it was driven by shared material interests in reducing both risks to health and illness-related threats to economic productivity. Environmental exposures of this kind continue as a major focus of urban health research (Satterthwaite 2007). As noted below, we argue that a more comprehensive understanding of exposures and vulnerabilities is relevant to understanding the pathway from globalization to health in metropolitan areas, and that globalization – as defined by Eyoh and Sandbrook (2003) – has changed the policy landscape in ways that drastically alter the incentive structures for actors like local politicians and national governments. The former may, for example, gain from deploying state power in order to clear land for higher-value uses; the latter may find their 'policy space' (Koivusalo, Schrecker and Labonté 2009) limited as they compete for foreign direct investment, seek to reduce capital flight and negotiate trade agreements on highly asymmetrical terms. These are stylized examples of complex processes, explored in more detail in the course of the chapter.

In 1960, only 30 per cent of the world's population lived in urban areas; *circa* 2008, for the first time, a majority of the world's population lived in such areas.² Sub-Saharan Africa and Asia are the only regions where this is not yet the case, although this pattern is expected to reverse itself by 2030 (World Health Organization and United Nations Human Settlements Programme 2010). By 2025, there will probably be 27 mega-cities (metropolitan areas with populations of more than 10 million),

by commuting patterns. Metropolitan areas sometimes in turn comprise elements of the circulation of people, goods and money in larger 'novel urban configurations' variously described as mega-regions, urban corridors or city-regions (United Nations Human Settlements Programme 2008, 8–11).

² Such statements must be viewed in the context of Satterthwaite's (2010) warnings against false precision, because of data limitations and multiple definitions of what constitutes an urban area, but the general trend is nevertheless clear.

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21 of them located in low- and middle-income countries (LMICs) (Stephens 2011). Although the proliferation of mega-cities has no historical parallel, it is important not to infer that most metropolitan population growth in LMICs will take place in mega-cities: it won't, but rather in a much larger number of smaller centres (Montgomery 2008) whose size may confer both advantages and disadvantages in addressing challenges related to social determinants of health.

A United Nations task force estimated that at the start of this century more than 900 million people lived in slums,³ 'most living under life- and health-threatening circumstances' that included one or more of: lack of access to improved water or sanitation facilities, insufficient living area, poor housing quality and insecure housing tenure. In the absence of decisive policy action, the number of people was projected to increase to 1.4 billion in 2020 (Garau, Sclar and Carolini 2005). Such hazards are, of course, only part of what has been called the metropolitan 'riskycape' (Morello-Frosch and Lopez 2006). Others include unhealthy working conditions, environmental exposures such as urban air pollution and risks of road traffic injury or 'road violence' (Chen and Berlinguer 2001, 37)⁴ as well as hazards such as risk factors for non-communicable diseases that are not only place-related (Rao et al. 2011). Almost all these hazards are related to social position and concentrated at the lower end of socioeconomic gradients; place-related hazards, and their cumulative effects, may be substantially understated by conventional epidemiological study designs (Cummins, Curtis, Diez-Roux and Macintyre 2007).

We neither summarize the large descriptive literature on social determinants of health in metropolitan areas (Rossi-Espagnet, Goldstein and Tabibzadeh 1991; Kjellstrom and Mercado 2008; Vlahov, Boufford, Pearson and Norris eds 2010) nor undertake an inventory of the range of policy responses and the evidence for their effectiveness. Rather, we confine ourselves to arguing (a) that social determinants of health in metropolitan areas cannot be understood in isolation from globalization, immense cross-border asymmetries in power and resources, and consequent influences on social structure, metropolitan form and the policy priorities of governments (for an indispensable overview, see United Nations Centre for Human Settlements 2001); (b) that for the most part, the 'disequalizing' nature of those influences (Birdsall 2006), both within and across borders, is essential to understanding their effects; and (c) that explanations and policy analyses are best generated from a critical perspective that is multi-disciplinary, while foregrounding political economy on both a global and a metropolitan scale.

³ A term we use with some trepidation, because of differences in how the settlements in question are described in different languages, sometimes using multiple terms, and because of the risk of stigmatizing 'cities in developing countries ... as unmanageable social cauldrons that concentrate not only people but also poverty and social disorganization' (Martine, McGranahan, Montgomery and Fernández-Castilla 2008, 4). However, the term is in widespread international usage, notably by UN system organizations, and has no convenient but more nuanced English equivalent.

⁴ The annual death toll worldwide from road accidents (an estimated 1.2 million) is roughly twice the annual number of homicides (600,000).

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At the same time, the influence of globalization on social determinants of health in metropolitan areas can never be predicted in a crudely deterministic fashion. That influence is invariably mediated through distinctive local and national situations, political institutions and public policies – including, in most cases, policies that accelerated economic integration, but also in some cases policies designed in an effort to resist it or mitigate its consequences.

Globalization, Neo-Liberalization and Livelihoods

In 2000, Galeano perceptively characterized globalization as ‘a magic galleon that spirits factories away to poor countries’ (Galeano 2000, 166). As long ago as 1977 Fröbel, Heinrichs and Kreye (1980; original German publication 1977) described a New International Division of Labour involving relocation of labour-intensive manufacturing operations from western Europe, in particular, to Export Processing Zones (EPZs) in LMICs that were then being promoted by United Nations agencies as a solution to the problem of unemployment. In the intervening years, reorganization of production across multiple national borders in search of lower wages and highly flexible employment relations accelerated and became more complex (Dicken 2007) thanks to the lowering of trade and investment restrictions; reductions in the cost of information processing, telecommunications and containerized transportation; and the approximate doubling of the world’s labour force as India, China and the transition economies were drawn into the global marketplace (see generally Schrecker 2009a).

This pattern has had profound effects on the distribution of access to livelihoods in metropolitan areas. In the high-income countries, especially in North America, the metropolitan-scale effects of de-industrialization (Knox 1997; United Nations Human Settlements Programme 2003, 34–43) were dramatic. Well over half the manufacturing jobs in US cities such as Chicago, Philadelphia and Detroit disappeared starting in the 1970s (Abu-Lughod 1999, 323–4; Hodos 2002, 365). The social and health consequences, including extremes of abandonment in urban wastelands like Detroit (McGreal 2010; Seelye 2011) and earlier transformations of urban economies such that economic opportunities were dominated by the drug trade (Bourgois 2003, 50–2, 114–73), are still playing out – notably, although the point is beyond the scope of this chapter, in extraordinarily high rates of incarceration and penal supervision among urban African-American populations. De-industrialization is also viewed by at least some observers as a contributor to the concentration of social disadvantage in the suburbs of Paris (Montagné Villette 2007).

Outside the high-income world, unemployment in Mumbai ‘more than doubled’ between 1981 and 1996, while informal employment and self-employment increased substantially – a consequence, in part, of the decline of labour-intensive textile production in the face of international competition (Patel 2007). In São Paulo and Rio de Janeiro, hundreds of thousands of manufacturing jobs disappeared between 1985 and 2003, as the country’s economy was opened to

international markets and casual or precarious labour became the norm (Perlman 2005, 21; Buechler 2006). In Johannesburg, informal employment increased as a percentage of total employment from 9.6 per cent to 16 per cent in just three years (1996–1999). In 2001 the city's official unemployment rate was 37 per cent (Mabin 2007), employment having been all but abandoned as a policy concern by accelerated post-apartheid policies of neo-liberalization. In Ghana, widely cited as one of the success stories of global economic integration, a decade after the start of a structural adjustment programme in 1983 impressive economic growth rates were accompanied by a decline in overall formal sector employment of more than 50 per cent (Songsore 2008). 'Poverty and marginality within the city [had] become structural with a growing number of youth who have nothing to offer to the globalizing and liberalized economy' (Songsore and McGranahan 2007, 136) – a description that could apply to most large metropolitan areas in LMICs, and indeed post-de-industrialization to a number in the high-income world.

The World Bank, normally a reliable enthusiast of globalization, concedes that the operation of labour markets will increase economic inequality in most of the low- and middle-income world, leading to the emergence of a global middle class but leaving the so-called 'unskilled poor' even farther behind (World Bank 2007, 67–100), as has already happened in the high-income world (Nickell and Bell 1995). Intra-metropolitan impacts must be understood by viewing the global reorganization of production and employment in terms of an increasingly fine-grained division among integrated, precarious and excluded forms of employment (Cox 1999) within national boundaries, within the boundaries of a single metropolitan area and sometimes within the same enterprise. Thus, Janice Perlman found in a four-decade study of Rio de Janeiro that:

the *favelados* are not marginal, but inexorably integrated into society, albeit in a manner detrimental to their own interests. They are not separate from or on the margins of the system, but are tightly bound into it in a severely asymmetrical form. They contribute their hard work, their high hopes, and their loyalties, but do not benefit from the goods and services of the system. (Perlman 2005, 18)

Portions of the US economy could not function without an exploited, and largely invisible, stratum of low-wage, insecure, disproportionately female and frequently undocumented workers.

State Complicity and the Interpenetration of Core and Periphery

Such basic restructuring of labour markets and social relations must be situated in the historical context of a neo-liberal project of reorganizing economies and societies

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along market lines (see for example Robinson 2003, 147–294; Ward and England 2007; Somers 2008, 73–92; Wacquant 2009, 304–14). Probably the most conspicuous and familiar elements of the project as it affected LMICs were structural adjustment conditionalities designed by the International Monetary Fund and the World Bank as the price of loans enabling recipient countries to reschedule their external debts, rather than risking default and catastrophic exclusion from international credit markets. ‘An alliance of the international financial institutions, the private banks, and the Thatcher-Reagan Kohl governments was willing to use its political and economic power to back its ideological predilections’ (Przeworski et al. 1995, 5), but also to protect creditor interests and open up new markets and investment opportunities for home-country trans-national corporations (TNCs). The relative significance of these motives in specific cases is difficult to discern, and in any event the effort is unnecessary for our purposes.

In an unusual effort to connect the neo-liberal project with its consequences for metropolitan areas and their residents, a 2003 UN Habitat report on *The Challenge of Slums*, drawing from 29 city case studies, concluded that ‘[t]he main single cause of increases in poverty and inequality during the 1980s and 1990s was the retreat of the state’ from a variety of redistributive policies (United Nations Human Settlements Programme 2003, 43; see generally 43–6 and Davis 2006, chapter 7). In other words, rather than compensating for market-driven economic inequalities, governments adopted policies that exacerbated them – whether in direct response to conditionalities or as an effort to pursue foreign investment in the context of an emerging and carefully cultivated ideological consensus that neo-liberal policies were the only ones that ‘worked’ (see for example Babb 2002, chapter 1). They then, for many of the same reasons, dismantled existing social protections that might have mitigated the consequences (Babb 2005).

Predictably, in some cases neo-liberalization and the associated destruction of livelihoods have added to pressures for migration, both internal and international, even as urban employment opportunities to meet the demand from internal migrants are likely to be insufficient because of de-industrialization, the imposition of domestic austerity measures and the shift to more capital-intensive production technologies. In an unusually clear example, the desperation and drug-related violence that afflicted northern Mexico’s cities, in particular post-2008, can be attributed to a destruction of agricultural livelihoods in the southern part of the country as a result of reduced government support for agriculture and post-NAFTA imports of subsidized US corn; austerity programmes and declines in purchasing power associated with two financial crises (1982 and 1994) and the currency devaluations and IMF conditionalities that followed; and the dubious pull of maquiladora employment, even with low wages and minimal working conditions for the predominantly female labour force (Soederberg 2001; Landau 2005; de Ita 2008; Thomas 2009; Bowden 2010). As journalist Charles Bowden writes: ‘The main reason a US company moves to Juárez [or, we would add, out of Juárez, as in the case of hundreds of thousands of *maquiladora* jobs relocated to China in the first years of the twenty-first century] is to pay lower wages. The only reason people sell drugs and die is to earn higher wages’ (Bowden 2010, 99); a ‘good’ *maquiladora*

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manufacturing wage in 2011 was USD 8–16 *per day* (Archibold 2011a) while prices are not substantially lower than those in the US.

Saskia Sassen points to '[t]he growing immiseration of governments and whole economies in the Global South' (Sassen 2008, 458) associated with structural adjustment programmes as a motivation for international migration. Currency devaluations that accompany financial crises, which have increased in number and severity as a consequence of financial de-regulation add to the appeal of hard currency remittances as an element of household survival strategies. *Circa* 2010, remittances were worth nearly three times the annual value of public development assistance (Mohapatra, Ratha and Silwal 2010). Those deprived of livelihoods in their home countries embark on what Sassen calls trans-national 'survival circuits'. Some such circuits involve human trafficking or migration from one LMIC to another, as in the case of Zimbabwean migrants who face grim prospects in the cities of South Africa. Many others terminate in large metropolitan areas where a concentration of affluent professionals and managers attached to the activities of major corporations generates a parallel demand for legions of low-wage, casualized (disproportionately female and non-white) workers engaged in the indispensable and often invisible work of cleaning homes and commercial buildings, preparing and serving restaurant meals, landscaping, driving taxis and in many cases providing child and elder care. In the Netherlands, women workers from the Philippines often are well-educated – some even have completed higher education (Morales 2011), but have been forced to emigrate due to the lack of employment opportunities in the Philippines: they can earn more in the Netherlands as a domestic worker than as a hospital manager in their home country. Indeed, as the Philippines has positioned itself as a labour export country, people are trained for jobs abroad; since the children of the women in question have no right to higher education in the Netherlands, they often follow the same employment path.

A new set of 'profit-making or revenue-making circuits developed on the backs of the truly disadvantaged' (Sassen 2002, 256) emerges, exemplified by human trafficking, but also by the rise of 'blue-collar millionaires' in New York City who built a fortune in the building cleaning industry by busting unions and trying to hire as many part-time workers as possible to cut labour costs; one cheerfully admitted in the *New York Times* to shorting a worker's hours at the end of a 60-hour week (Winerip 1998). In the United States, such tactics are facilitated by the fact that an estimated 11 million unauthorized residents comprise an economically important reservoir of exploitable low-cost labour whose subordinate status in the workplace and the society as a whole is enforced by the lack of legal protections such as minimum wage laws that are routinely available to citizens and by constant risk of arrest and deportation (see for example, Robinson 2003, 270–74; Deeb-Sossa and Bickham Mendez 2008; Hellman 2008; Smith and Winders 2008). In a study of undocumented workers, Judith Adler Hellman observed a New York 'basement shared by eighteen single men, an unheated garage that is home to two Mexican families, an abandoned tractor trailer ... and an abandoned tugboat and barge, both vessels half in and half out of the water, and each providing housing to another two or three men' (Hellman 2008, 159). Approximately half of these unauthorized

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residents came from Mexico, with another substantial proportion emigrating from Central America where an especially brutal period of neo-liberalization, including active US support for homicidal military governments and insurgencies, led to the killing of at least 200,000 people and an exodus of many times that number (Robinson 2003, 275–7). ‘If a similar catastrophe struck the United States in proportion, two and a half million North Americans would die and 10 to 20 million more would be driven from their homes’ (La Feber 1993, 362).

The spatial dimension of such processes is perhaps best understood in terms of the ‘hyperdifferentiation of space’, as described by Grant and Nijman (2004) in India and Ghana and, within those countries, in metropolitan Mumbai and Accra. The concept refers to the process by which, as a result of the lowering of barriers to cross-border financial flows and the consequent emergence of new opportunities for alliances between foreign and domestic investors, some spaces within the metropolis become immensely valuable, for example as residential locations (the process of gentrification), while others that are very close in territorial terms, along with those who inhabit such spaces, are at least temporarily of limited value and policy interest. Grant and Nijman note, for example, that as a result of investment by TNCs the central business district of Nariman Point, in Mumbai, became ‘the most expensive in the world’, with a parallel increase in residential real-estate prices driven partly by non-resident investment – this in a low-income country, and in a city where it was contemporaneously estimated that ‘[m]ore than half’ of Mumbai’s 12–16 million people live ‘in slums and on pavements or under bridges and near railway tracks’ (Patel 2007, 76). Subsequent work on Accra (Grant 2009) describes a pattern in which international investment reconfigured the fabric of the metropolis through creation of new business and residential districts, including a number of gated communities, unaffordable for the overwhelming majority of the city’s residents, but affordable for some entrepreneurial Ghanaians living abroad and for domestic rental investors.

The 2003 *Challenge of Slums* report connected the magnification of economic inequality with contests over space in countries rich and poor alike, noting that ‘the prime resources of the city are increasingly appropriated by the affluent. And globalization is inflationary as the new rich are able to pay more for a range of key goods, especially land’ (United Nations Human Settlements Programme 2003, 43), simply outbidding the poor for desirable locations. Thus, in Nairobi and Dhaka, low-income residents who represent half or more of the available population are crammed into 4–5 per cent of the metropolises’ available land area (United Nations Human Settlements Programme (UN Habitat) 2008, 54). The planned demolitions described by Galeano in the excerpt with which we began the chapter are an early, small-scale example of a phenomenon that is now widespread, driven by powerful incentives to displace the poor and otherwise marginal in favour of ‘higher-value’ land uses attractive to domestic elites and foreign investors alike and instantiating a process that one leading analyst of neo-liberalism has described as ‘accumulation by dispossession’ (Harvey 2003).

In the early 1970s, more than 100,000 people were forcibly removed from *favelas* in Rio de Janeiro as ‘new construction technologies ... made it possible to build

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luxury condominiums on the now-valuable slopes rising above the city' (Perlman 2005, 12). Indian governments have been actively clearing out shantytowns in favour of commercial offices, higher-priced housing and technoparks (Appadurai 2000; Banerjee-Guha 2009; Bhan 2009), with 700,000 to 1.8 million slum-dwellers having been displaced in Delhi alone between 1997 and 2007 (Ghertner 2011, 505); Beijing displaced 1.5 million people in order to construct facilities for the Olympic Games (Fowler 2008). When the Commission on Social Determinants of Health met in Nairobi in 2006, and Commissioners were taken on a tour of the Kibera slum district (home to as many as a million Kenyans, depending on the estimate cited), a spokesman for the Kenyan government 'outlined the proposal for the sale of Kibera land, which, being close to the centre of town, was commercially valuable. This value provided a potential source of revenue for the government to improve housing conditions for the Kibera slum-dwellers. He outlined the proposal to use the revenue to house the Kibera squatters further out of town on cheaper land' (Commission on Social Determinants of Health 2006, 26). As of 2011, this proposal for forced eviction had fortunately not been acted upon; the fact that it could be made seriously by a public official is in itself revealing.

The emergence of real-estate investment as a basis for capital accumulation is critical to understanding globalization's influence on social determinants of health in the metropolitan frame of reference. Familiar to metropolitan residents in much of the high-income world (see for example Hackworth 2007, 77–149; Moody 2007), the pattern has now become trans-nationalized. In cities as diverse as Prague, Accra and Bangalore, the real-estate business has attracted a variety of investors, primarily (although not entirely) from outside the country, to development projects oriented to the needs of TNCs, wealthy expatriates and the very top of the domestic income and wealth distribution (Cook 2008; Grant 2009, 18–89; Goldman 2011). The Bangalore case is especially interesting: although Bangalore is known as the epicentre of India's information technology (IT) industry, Goldman (2011) shows that real-estate has become more profitable, especially for large-scale foreign investors, but also for the IT industry itself. The state has provided extensive support, through offers of subsidized land and the shifting of power to largely unaccountable parastatal development agencies financed by the Asian Development Bank and the World Bank. A further layer of influence involves 'citizen action groups ... led by ex-IFI and Wall Street professionals' (563), which superficially increase political accountability, but in practice reinforce the interests of investors rather than existing working class and agrarian constituencies.

'Speculative urbanism' (in Goldman's phrase) demonstrates with special clarity that globalization must be understood in terms of new and shifting alliances among international and domestic investors, wealthy expatriates, as well as segments of the expanding 'middle class' beloved of the business press and the World Bank, and the state at various levels. These alliances are often determinative of the exclusionary effect of globalization at metropolitan and national scales: the new development strategies have little or nothing to offer the working-class majority, or smallholders who have had their land expropriated at artificially low, state-determined prices or their agricultural livelihoods wiped out by industrial

pollution. A similar bias is evident in a closely related phenomenon: planning priorities that emphasize roads for the vehicles of a privileged few (see for example Leaf 1996; Alcantara de Vasconcellos 1997; Pucher, Korattyswaropam, Mittal and Ittyerah 2005), often on the basis that such 'world-class' infrastructure is necessary to ensure the attractiveness of high-end residential and commercial real-estate. Thus in Bangalore's latest plan, 'two-thirds of the money will be allocated solely for road building, including an imagined ten-lane highway ... [t]his in a city where more than two-thirds of the population walks, rides a bike or scooter, or takes public buses to work, according to city transport engineers' (Goldman 2011, 570) rather than affordable public transportation that would serve a much larger number of people. When metropolitan areas are planned around the car, social exclusion is literally cast in concrete, and the risk of illness related to air pollution and of road traffic injury among pedestrians and cyclists may actually be increased (see for example Rodgers 2007 on Managua, where the use of highways as ways of connecting nodes of elite residence and isolating them from the fabric of the rest of the metropolis is especially pronounced).

Moving Beyond the Divided City?

Teresa Caldeira's *City of Walls* (about São Paulo, with an afterword on Los Angeles) is one of the most thorough and nuanced works of contemporary urban anthropology. São Paulo is often cited as an example of a divided city (Fundação Sistema Estadual de Análise de Dados 2010) where, despite nationwide reductions in Brazil's historically high levels of income inequality, millions live in *favelas* that may adjoin hyperopulent apartment complexes, and the seriously rich commute by helicopter (Phillips 2008). Some of the walls with which Caldeira is concerned are metaphorical, but her focus is on the literal 'fortified enclaves' that are favoured as a refuge from the violent crime feared by the wealthy and expanding portions of the 'middle class'. The book begins with chilling excerpts from an interview with a former teacher, married to a real-estate agent. She laments the decline of her neighbourhood, describes her family's own experience of a violent robbery and says of her husband: '[Y]ou don't know what he says. When he sees a *cortiço*, a favela, he says that a bottle of kerosene and a match would solve everything within a minute' (Caldeira 2000, 24).

The walled city in various forms is becoming familiar as a literal description of enclaves in metropolitan areas rich and poor alike, whether individual homes and buildings or gated communities with private security and privately purchased services. The walled city also functions as metaphor for an 'urban divide' now recognized as a critical social policy issue (United Nations Human Settlements Programme 2008), which may involve walls both visible and invisible. In the latter category are characterizations of the urban poor and residents of certain quarters as intrinsically criminal or parasitic. Such views were frequently expressed by Caldeira's respondents, are often magnified by sensational media coverage, and

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serve to legitimize non-fulfilment of state obligations to provide adequate shelter or protection from misuses of public power against them (Harvey 2008; Bhan 2009). In post-millennial India, informal settlements and evictions – hardly new phenomena, although evictions were historically accompanied by some protection of rights, such as a resettlement policy – have been recast, as witnessed by the growing influence of the courts and the urban middle class (and the accompanying silence of municipal governments) in defining what constitutes the ‘public interest’ (Ramanathan 2006; Bhan 2009). Slum demolitions have been legitimized, and residents characterized as criminals devoid of rights, including the right to resettlement. Invisible walls may also contribute to labour market polarization and cycles of social exclusion, as illustrated by young Jamaican men’s observations about the difficulty of finding and keeping a job with a downtown ‘Kingston 12’ address, in a Jamaica economically debilitated by a homegrown structural adjustment programme that followed an ill-timed opening of its domestic markets (Robotham 2003), and by Perlman’s finding that the stigma attached to *favelas*, and not any physical characteristic, is the main factor separating them and their residents from the rest of the city (Perlman 2005, 10). Such cases exemplify what Loïc Wacquant (2007, 67) calls ‘a blemish of place’ attached to territories where ‘advanced marginality’⁵ is concentrated.

Globalization contributes to spatial segregation in metropolitan areas in several ways (see generally United Nations Human Settlements Programme 2003). Perhaps most directly, the combination of increasing inequality of market incomes and the retreat from redistributive policies means that bidding wars for metropolitan space and the ability to control and profit from its uses almost inexorably drive the poor, the working class and the otherwise vulnerable to a periphery that may or may not be defined in territorial terms, although often it is. Typical in this respect are the suburbs of Paris and other French cities,⁶ where post-war public housing initially intended for a diverse clientele was vacated by the better off in response to policies of subsidizing home ownership. Gentrification as a consequence of Paris’ increasing importance as an international financial centre further limited available housing options. Thus, some suburbs are now home to a disproportionate number of non-European immigrants who face extremely high levels of unemployment – partly because of limited qualifications, partly because of employment discrimination – and hostile racial attitudes that reflect France’s colonial legacy in northern Africa and strongly assimilationist political culture. Resulting levels of hopelessness contributed to riots that erupted in 2005. In LMICs, as urbanist Mike Davis has put it: ‘Regardless of their political complexions ... most Third World city governments are permanently locked in conflict with the poor in core areas’ (Davis 2006, 99).

The urban divide’s direct effects on living conditions are compounded by its consequences for the politics of public health. Historically, support for policies to improve social determinants of health in cities often arose as a consequence of

⁵ Which for Wacquant is directly connected to the restructuring of global capitalism; see for example Wacquant 1999; Wacquant 2009.

⁶ This unavoidably incomplete discussion draws on Dikeç 2007; Montagné Vilette 2007; Body-Gendrot 2009; Mitchell 2011.

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propinquity: it is harder for the privileged to avoid health hazards, even though these tend to be concentrated among the poor and marginalized. When the relatively affluent 'secede', in the words of former US Cabinet secretary Robert Reich (1991), whether to the suburbs (as in the United States) or to enclaves within the urban core where services and security are privately provided (as with many of Caldeira's respondents), the political significance of propinquity diminishes. Private purchase of services, individually or by a group of the similarly situated (for example in private residential developments or condominiums), emerges as preferable to contributing to a pool of resources that can be drawn on by diverse 'others', who may well be perceived as undeserving.

Fear of crime and violence is a key motivation for both fortification and secession. Even leaving aside larger questions of 'structural violence' (Farmer 2004) in the operation of global economics and geopolitics, only a superficial account of the connections between globalization and urban violence – in many settings, a substantial contributor to overall mortality – can be provided here. One connection involves the social disorganization and desperation that may be entailed by high levels of economic inequality and low levels of hope among the underemployed and dispossessed, although it is imperative at all costs to avoid caricaturing or pathologizing such 'others'. Another involves interactions between economic inequality and fear of crime that lead to vicious cycles in which public spaces are either privatized or abandoned, used only by those with no other option and sometimes 'governed' not by official institutions but rather by criminal gangs (Pearce 2007; Perlman 2009). However, as economic restructuring pushes a growing proportion of the working class into the informal economy, some forms of crime may emerge as important routes to livelihood or survival strategies. In response, hardening attitudes on the part of the more affluent (exemplified by Caldeira's respondent) may include widespread support for official violence by police or extrajudicial action by death squads as part of the struggle to define legitimate uses, and users, of urban space (Scheper-Hughes 1998; Wacquant 2008). These dynamics have in common that it is not the affluent who are most at risk, but rather those without means of escape (McIlwaine and Moser 2007).

Consider an example drawn from the experience of one of us (FB) who has worked with colleagues in El Salvador since 1992 (with the public university and community-based health NGO's, and since 2010 with the Ministry of Health). In March 2011, FB met Maria (a pseudonym), who lived with her six children in one of the neighbourhoods of San Salvador, the capital city and home to a quarter of the country's 6–7 million people, where walls both visible and invisible separate people living in settlements such as Quiñonez or La Fosa from the inhabitants of gated communities such as San Benito. Maria's oldest son had been killed in 2010 by the youth gang that controlled the barrio. She had no means to leave the barrio and, for the sake of her other children, every day as she walked from her house had to greet the man she knew was responsible for the murder of her child. Beyond the stress and anxiety related to living in a poor settlement, the impact on mental health is difficult to measure or to capture in words.

METROPOLITAN HEALTH IN A GLOBALIZING WORLD

By way of a conclusion that brings together some of the threads linking globalization to health in the metropolis, we expand on the admittedly extreme Salvadoran case of how past patterns of economic exploitation and pursuit of geopolitical advantage (notably during the Cold War era) have been embedded in new economic asymmetries and trans-national flows and linkages. As mentioned earlier, Central American civil wars in the 1980s led to an exodus from the region to the United States that included more than 1 million Salvadorans, fleeing a war that 'for all its Cold War trappings ... was essentially a textbook case of class warfare – pitting the interests of the US-supported business elite against those of the poor' (Wallace 2000, 49). During the war, the US not only supplied vast amounts of military aid, but also supported the business elite in establishing a right-wing think tank that 'played a critical role in bringing together a New Right nucleus that would go on to assume state power in 1989' (Robinson 2003, 90) and, among other activities, would establish and promote low-wage EPZs targeting foreign corporations in the garment industry (Kernaghan 1997; Robinson 2003, 87–102). During the war, while per capita income dropped by one-third, some observers note that the concentration of wealth in the hands of 14 families that had long been a feature of Salvadoran society actually increased (La Feber 1993, 354). In the aftermath of conflict, economic decline and ecological devastation, Salvadorans themselves became a major export: in 2008–10 the annual value of remittances was equivalent to 60 per cent of export earnings and 17 per cent of GNI (Ratha, Mohapatra and Silwal 2010). Many of the dispossessed were children when they emigrated, with or (sometimes) without their parents, to destinations like inner-city Los Angeles that are themselves poor, de-industrialized and racially tense; because of their undocumented status, many were limited to seeking employment in sweatshops or the informal economy.

An overwhelming majority of (documented and undocumented) immigrants, regardless of origin, were and are law-abiding. However, a small minority of Salvadorans formed gangs in Los Angeles, partly as a source of livelihood and partly as a survival tactic in an already violent environment; two in particular, Calle 18 and Mara Salvatrucha 13 (MS13), rapidly expanded. At the same time, incarceration rates in the United States were rising dramatically, both for criminal offences and (after changes to immigration law in 1996) for immigration violations; the legal changes also facilitated rapid deportation of undocumented or imprisoned immigrants, and mass removals quickly followed. Thus if migration and remittances are the 'front end' of survival circuits operating between El Salvador and the US, the 'back end' involves disenfranchised young Salvadorans who find themselves unwillingly returned to their homeland, where economic opportunities are limited: for many returnees in the Salvadoran labour market, call-centre jobs were the desirable end of the spectrum. Often raised in the US, without any knowledge of the language, they find themselves in *favelas* in an unfamiliar country and culture, stigmatized because of tattoos and clothes, while family members and close friends remain in the US. The gang easily becomes a substitute for community and family support. Often new attempts to emigrate follow, as many youths return to the road

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of the *Sueño Americano* (American Dream) even as it has largely ceased to exist within the borders of the United States.

El Salvador has the highest official homicide rate in Latin America, and as early as 2001, it was noted that 'more Salvadorans [had] been killed by criminal violence during the decade following the peace accords on New Year's Eve of 1991, than died during the last 10 years of the war' (Bourgois 2001, 19). The politics of crime research and policy are such that extreme caution must be used in citing estimates of the extent of criminal activity such as police claims that there are 10,500 gang members in El Salvador and 69,000 in all of Central America (Serrano-Berthet and Lopez 2011, 15). However, it is beyond dispute that in post-war El Salvador, many people lived with the trauma associated with the experience of political violence while 'the silent brutality of economic oppression' continued unabated (Bourgois 2001, 17) and the country's location made it a convenient trans-shipment point for drugs. Repressive, US-style *Mano Dura* ('Iron Fist') crime control and policing adopted by the right-wing National Republican Alliance (ARENA) government that held power until 2009 – arguably continuing oligarchic rule by other means (Wolf 2009) – achieved little except to legitimize state violence and the politics of fear. Indeed, until October 2010, the historical city centre of San Salvador was controlled by one of the youth gangs. While local informal vendors and taxi drivers had to pay a weekly tribute for protection, under a newly elected (in 2009) social democratic national government the Ministry of Health – located in the same area – developed policy for an ambitious rebuilding and strengthening of the public health sector (Rodríguez, Espinoza and Menjivar 2009) incorporating new approaches for inter-ministerial coordination to address common priorities. This can be regarded as a hopeful development: the policy is 'based on the concept of an explicit commitment to recognizing health as a public good and a fundamental human right that should be guaranteed by the government' (Rodríguez et al. 2009, 3). At the same time, implementation remains dependent on the precarious politics of collaboration between the Ministry of Health and metropolitan San Salvador's 14 municipalities, and on a donor community that has not yet acknowledged the specificity of health in metropolitan areas and the need for a comprehensive approach to addressing the underlying causes of health inequities. El Salvador's recent history and the Ministry's own urban surroundings serve as a sobering reminder of the challenges confronting responses to the health and social challenges associated with globalization.